



Consent and Directions to Staff for the Self-Administration of Medicines

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Participant Information

LAST NAME

MIDDLE

FIRST

DATE OF BIRTH

PROGRAM

MEDICAL CONDITION/ALLERGY

All medications, prescription and over the counter, for emergency medical situations must be provided to the program administrators in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the Action Step section. If additional instructions are required, please attach another sheet.

PLEASE LIST ANY EMERGENCY MEDICATIONS YOUR CHILD WILL BE BRINGING TO PROGRAM

MEDICATIONS WILL BE: ☐ Kept at Site ☐ Brought Daily in Child's Back Pack ☐ Other: _____

EMERGENCY ACTION STEPS: *Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of an emergency medical condition. These steps must be confirmed by your child's physician or health care provider. Note that staff first will call 911 in the event of a medical emergency. By providing these instructions, you are consenting to staffs' potential medical treatment of your child and releasing the City of Pleasanton from liability.*

1. _____

2. _____

3. _____

4. _____

ADDITIONAL INFORMATION

PARENT OR LEGAL GUARDIAN PRINTED NAME

SIGNATURE

DATE

AUTHORIZATION, WAIVER AND RELEASE

I authorize City of Pleasanton employees to perform emergency procedures, including assisting with the administration of medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, injury that participant may experience. *This information will be kept confidential but will be accessible to the appropriate Library and Recreation staff.

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child and Recreation for Adults with Developmental Disabilities (RADD) Program participants. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and recognize the need to summon emergency medical services.

I hereby authorize the City of Pleasanton staff to assist in the administration of medication on my behalf for the participant or allow participant to self-administer (if permitted by participant's physician) the lawfully prescribed medication in the event of a medical condition described above.

I acknowledge the assistance in administration of medication to participant by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I agree on behalf of participant and myself to waive any claim of participant, myself, heirs, executors, assigns or personal representatives that participant or I may have against the City of Pleasanton, its officials, officers, employees, agents, or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to participant.

I also give my permission to the City of Pleasanton staff to contact emergency services or obtain emergency medical treatment for participant if necessary. I agree to be wholly responsible for payment of any and all medical emergency services rendered to participant.

Signature of Parent/Guardian: _____ **Date:** _____

REMINDERS:

- Participants are responsible for arriving at the program with all necessary unexpired medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely self-administer their medications.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the day program each day, to ensure that they are within their target range.
- Staff **will not** be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parents or guardians.
- Parents/guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to the program staff.
- Participants and parents/guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parent/guardian to pick up any unused medication at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.